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APPLICANTS

V. Raman Sukumar, Lewes, DE;

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** * SMALL ENTITY **
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Foreign Priority claimed	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY DE	SHEETS DRAWINGS 5	TOTAL CLAIMS 16	INDEPENDENT CLAIMS 2
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input type="checkbox"/> No					

ADDRESS

John C. Andrade, Esquire
 116 West Water Street
 P.O. Box 598
 Dover, DE 19903
 UNITED STATES

TITLE

Mobile intra-operative microscopic diagnosis laboratory

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